PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0651-0032

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL  For FY 2009				Complete if Known					
				Application Number 10/7		)/734,352	734,352		
				Filing Date Decer		ecember	ember 11, 2003		
				First Named Inventor Ju		Jukka SALONEN			
				Examiner Name S. SALIA			D		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 3628					
TOTAL AMOUNT OF PAYMENT (\$) 540.00				Attorney Docket No. 0365-063			PUS1		
METHOD OF PAYME	NT (check al	that apply)							
Check Credi	Card [	Money Order	None	Other (	please ident	ify):			
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name:									
		account, the Directo	or is herei	y authorized to	: (check al	i that ap	oly)		
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee									
	R 1.16 and 1	come public. Credit		s) 🗸 Credi	t any over	ayments		•	
FEE CALCULATION									
	RCH AND	EXAMINATION F	FES					***	
Application Type	BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMIN Small Entity Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$)						FEES Entity (\$)	Fees Paid (\$)	
Utility	330	165	540	270	220	110			
Design	220	110	100	50	140	7			
Plant	220	110	330	165	170	8:			
Reissue	330	165	540	270	650	32:			
Provisional	220	110	0	0	0.00		0		
2. EXCESS CLAIM FI		110	v	U	·		-	mail Entity	
Fee Description Each claim over 20 (including Reissues)							52	Fee (\$) 26	
Each independent claim over 3 (including Reissues)							220	110	
Multiple dependent claims							390	195	
Total Claims Extra Claims Fee (\$) Fee Paid (\$)  - 20 or HP = 0 x = 0.00							Multiple Dependent Claims		
- 20 or HP = HP = highest number of to		_ x	=0.	00		Е	ee (\$)	Fee Paid (\$)	
indep. Claims	Extra Clair		Fee P	aid (\$)		_		0.00	
- 3 or HP =		_x		00					
HP = highest number of inc 3. APPLICATION SIZE		paid for, if greater tha	an 3.						
If the specification an	d drawings								
sheets or fraction						mun on	1119) 101 02	ich additional 50	
Total Sheets	Extra She	ets <u>Number</u>	of each	additional 50 c	or fraction		Fee (\$		
4. OTHER FEE(S)		/50 =		(round up to a v	whole num	ber) x		= 0.00 Fees Paid (\$)	
Non-English Special Other (e.g., late fili		•	•	scount)				0.00	
Otner (e.g., late fill	ug surcnarge	): INDUCE OF Appear						540.00	
SUBMITTED BY									
gnature Penny Caudh #46, 607 Registration No. 29680							Telephone 703-205-8000		
lame (Print/Type) Michael K Mutter							Date November 25, 2009		

This collection of incompation is required by 70 FER 1.136. The information is required to debts or refers is borned by the yellow price in to the good by the USFTO in processing in explication. Conditionally is governed by 50 U.S.C. 122 and 37 FER 1.14. The collection is explicated to take 30 minutes to example to including gathering, preparing, and submitting the completed application from to the USFTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form endor the variety of support to the control of the control of